

REPLY TO QUESTIONS FROM US FDA CONCERNING THE PROPOSED
SCHEDULING OF EPHEDRINE UNDER THE 1971 CONVENTION

Tokuo YOSHIDA 7 99 FEB 10 AIO:05
World Health Organization
Secretary, 31st Expert Committee on Drug Dependence

1. Why did the Expert Committee on Drug Dependence recommend the scheduling of ephedrine under the 1971 Convention, despite the fact that ephedrine is already controlled under the 1988 UN Convention?

The recommendation was made because the Expert Committee recognized the need for additional control measures applicable under the 1971 Convention but not available under the 1988 Convention. The 1988 Convention, for example, does not apply to pharmaceutical preparations containing ephedrine which are compounded in such a way that ephedrine cannot be easily used or recovered by readily applicable means. Scheduling ephedrine under the 1971 Convention would enable international control to be extended to such preparations. Governments having difficulty controlling unwanted importation and abuse of ephedrine preparations would benefit, for example, from the provisions of Article 13 of the 1971 Convention which obliges the authorities of exporting countries to share the burden of controlling international trade in such preparations.

In countries where there is no abuse of ephedrine preparations sold over-the-counter at present, the national authorities could consider exempting such preparations for domestic use from certain control measures, including prescription requirements. If the authorities took this action there would be very few additional control measures imposed on ephedrine and its preparations in such countries.

2. How did the Expert Committee reach the conclusion that the current problem of ephedrine abuse "seems to be particularly serious" in Africa?

Because of the low response rate to the WHO questionnaire, the information on actual abuse and illicit traffic presented by the Secretariat in the critical review document on ephedrine was rather limited, particularly with regard to the situation in Africa.

However, the INCB representative provided additional information about cases of diversion of ephedrine preparations detected in recent years in Africa, including the following: Mali - seizures of ephedrine tablets smuggled from Guinea, Senegal and Burkina Faso; Togo - seizure of 12.8t of ephedrine tablets destined for Nigeria; Liberia - prevented suspicious importation of 882kg of ephedrine tablets; Guinea-Bissau - prevented unauthorized importation of 360kg ephedrine tablets; Gambia - seizure of 300kg of ephedrine tablets. These quantities are in excess of medical requirements of the countries and, according to the INCB representative, the circumstances in which these cases were detected were suggestive of diversion for abuse, not for use as a precursor chemical. Since detected cases usually represent only a small percentage of what actually exists, the Expert Committee considered that ephedrine abuse seemed to be particularly serious in some African countries.

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